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CONFIRMATION NO. 8931

<b>SERIAL NUMBER</b> 09/486,613	<b>FILING OR 371(c) DATE</b> 02/29/2000 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> N08-002	
<b>APPLICANTS</b> DEBORAH C. MASH, NORTH BAY VILLAGE, FL; <i>AMC 11/21/2006</i>					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US98/18284 09/03/1998 <i>AMC 11/21/2006</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/15/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>gilead</i> <i>AMC</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> COLEMAN SUDOL SAPONE P C 714 COLORADO AVENUE BRIDGEPORT, CT06605-1601					
<b>TITLE</b> NORIBOGAINE IN THE TREATMENT OF PAIN AND DRUG ADDICTION					
<b>FILING FEE RECEIVED</b> 699	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		